

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044175

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6057

FILED DEC - 2 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
23498	
3	
4 1	
5 2	
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7 0	
8 1	
9 9049	
10 45	
11 123	
12 65-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

William M. Korte MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 42 Years	
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 109 East 31st Terr		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) KATHRYN NOONAN		4. DATE OF DEATH Month November Day 5 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 7-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert H. Harston		13b. MOTHER'S MAIDEN NAME Mary Truax	
14. NAME OF HUSBAND OR WIFE Francis Noonan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. George Sayers-Conway, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis Left femoral vein & Multiple Pulmonary Emboli DUE TO (b) Fracture Hip DUE TO (c) Severe Arteriosclerotic Nephrosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH Sept 16 1963 July 25, 1963 Ylan	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION [REDACTED]		COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from 1943 , to Nov 5, 63 and last saw her alive on Nov 4, 1963 Death occurred at 2:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE William M. Korte MD	
22b. ADDRESS 612 Professional Bldg		22c. DATE SIGNED 11-7-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 7, 1963	
23c. NAME OF CEMETERY OR CREMATORY [REDACTED]		23d. LOCATION (City, town, or county) Olathe, Kansas	
24. FUNERAL DIRECTOR Melody McGilley Eylar 20 W. Linwood		25. DATE RECD. BY LOCAL REG. 11-7-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr O.K. Piper -
Prof Bldg.

V1-2-9232

after 3 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hayd J. Pieckman

Licensed Embalmer No. 5120

P. O. Address HC 11, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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